



## PART B - FEE(S) TRANSMITTAL

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41245 7590 06/16/2005

MARK LEVY & ASSOCIATES, PLLC  
PRESS BUILDING, SUITE 902  
19 CHENANGO STREET  
BINGHAMTON, NY 13901

08/09/2005 MBELETE2 00000004 10691059

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Mark Levy	(Depositor's name)
	(Signature)
8/5/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,059	10/22/2003	Ronald Miles	RB-164	6097

TITLE OF INVENTION: HIGH-ORDER DIRECTIONAL MICROPHONE DIAPHRAGM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	09/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NI, SUHAN	2646	381-369000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mark Levy & Associates, PLLC

2 David L. Banner

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT(print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THE RESEARCH FOUNDATION OF THE STATE  
UNIVERSITY OF NEW YORK

Albany, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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- ☒ A check in the amount of the fee(s) is enclosed.  
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☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 8/5/05

Typed or printed name Mark Levy

Registration No. 29,188

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